

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

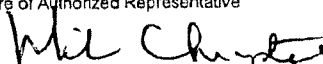
APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

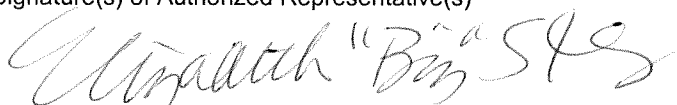
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 29 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier SEP 15 2003	
5. APPLICANT INFORMATION					
Legal Name: Silicon Valley Toxics Coalition			Organizational Unit: NA		
Address (give city, county, State, and zip code): 760 N. First St. San Jose, CA 95112			Name and telephone number of person to be contacted on matters involving this application (give area code): Pam Sturner (408) 287-6707		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0097236			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Nonprofit Citizen Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Superfund Technical 66-806 TITLE: Assistance Grant			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Mountain View, Sunnyvale, and Palo Alto, Santa Clara County, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Public participation in Naval Air Station Moffett Field (NASMF) Superfund site Record of Decision		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Eshoo (14th), Honda (15th)			
Start Date	Ending Date	a. Applicant		b. Project	
10/1/03	10/1/06	Silicon Valley Toxics Coalition		Public participation in NASMF Superfund site Record of Decision	
15. ESTIMATED FUNDING:					
a. Federal	\$				
b. Applicant	\$	31,200			
c. State	\$	12,596			
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? NO					
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____					
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
TED		Executive Director		(408) 287-6707	
d. Signature of Authorized Representative		e. Date Signed		8/29/03	

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 12, 2003		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of Sonoma			Organizational Unit:		
Address (give city, county, state, and zip code) Department of Transportation and Public Works 2300 County Center Drive, Suite B-100 Santa Rosa, CA 95403-2829			Name and telephone number of person to be contacted on matters involving this application (give area code)  John Maitland 707-565-2528		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 3 9			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Department of Commerce		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 4 6 3 TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: National Oceanic and Atmospheric Administration Odd Fellows Road Community-Based Habitat Restoration Project		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Sonoma County California					
13. PROPOSED PROJECT: Start Date: 6/01/2004 Ending Date: 5/31/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project California 6 California 6			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 206,277	a. YES. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/12/2003			
b. Applicant	\$ 360,621	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 566,898				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Mike Chrystal		b. Title County Administrator, County of Sonoma		c. Telephone number (707) 565-2431	
d. Signature of Authorized Representative 				e. Date Signed September 11, 2003	

APPLICATION FOR  
FEDERAL ASSISTANCE

1 TYPE OF SUBMISSION:		2. DATE SUBMITTED	Application Identifier 90CM0151
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	
5 APPLICATION INFORMATION			
Legal Name: Economic Opportunity Commission of San Luis Obispo County, Inc.		Organization Unit: Migrant and Seasonal Head Start	
Address (give city, county, state and zip) 1030 Southwood Drive San Luis Obispo County San Luis Obispo, CA 93401		Name and telephone number of the person to be contracted on matters involving the application (give area code) William Castellanos (805) 544-4355 FAX # (805) 549-8388	
6 EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2410253		7. TYPE OF APPLICANT (enter appropriate letter in box) { N }	
8 TYPE OF APPLICATION  ( X ) New ( ) Continuation ( ) Revision  If Revision, enter appropriate letter(s) in boxes: ( ) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution C. Municipal of Higher Learning D. Township J. Private University E. Interstate K. Indian Tribe F. Intermunicipal L. Individual G. Special District M. Profit Organization N. Other (Specify) Community Action Agency	
10 CATALOG OF FEDERAL DOMESTIC  TITLE: Migrant Head Start		9. NAME OF FEDERAL AGENCY: Administration for Children and Families Office of Human Development Services	
12 AREAS AFFECTED BY PROJECT (city, counties, states, etc.): Monterey, San Luis Obispo, and Santa Barbara Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program Announcement No. <b>ACYF/HSB 2003-01</b> <b>Innovation &amp; Improvement projects related to</b> <b>Head Start Programs.</b>  Improved service to rural areas for the Migrant and Seasonal Head Start Program.	
13 PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS	
Start Date 9/1/2003	Ending Date 5/31/2007	a. Applicant 22, 23	b. Project 17, 22, 23
15 ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	524,693	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: _____	
b Applicant		b. NO ( F4) PROGRAM NOT COVERED BY E.Q. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c State		17. IS THE APPLICANT DELINQUENT OF ANY FEDERAL DEBT?	
d Local		( ) YES If "Yes" attach an explanation.	
e Other/ In-Kind	39,492		
f Program Income			
g TOTAL	\$ 564,185		
18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name and Authorized Representative(s):  Elizabeth "Biz" Steinberg		b. Title(s):  Executive Director	c. Telephone Number  (805) 544-4355
d. Signature(s) of Authorized Representative(s) 		e. Date Signed 9/4/03	

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE (SF 424)**

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED <b>9-11-03</b>	Applicant Identifier
Application ___ Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication ___ Construction ___ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <b>The Nature Conservancy</b>		Organizational Unit: <b>Sacramento River Project</b>	
Address (give city, county, State, and zip code): <b>201 Mission Street, 4<sup>th</sup> Floor San Francisco, CA 94105</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Ryan Luster (530) 897-6375</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>53--0242652</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate               L. Individual F. Intermunicipal        M. Profit Organization G. Special District      N. Other (Specify) <b>Non-Profit</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New    ___ Continuation    ___ Revision  If Revision, enter appropriate letter(s) in box(es) ___  A. Increase Award   B. Decrease Award   C. Increase Duration D. Decrease Duration   Other (specify):		9. NAME OF FEDERAL AGENCY:  <b>National Oceanic and Atmospheric Administration</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>11-463</b>  TITLE: <b>Habitat Conservation</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>Sacramento River Floodplain Restoration: Ohm 3 Unit</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) <b>Tehama County</b>			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date <b>1/1/04</b>	Ending Date <b>12/31/05</b>	a. Applicant <b>8</b>	b. Project <b>3</b>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>9-11-03</b>  b. NO ___ PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 100,000.00		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$200,000.00	___ Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct; the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative <b>Mike Sweeney</b>		b. Title <b>Chief Operating Officer</b>	c. Telephone Number <b>(415) 777-0487</b>
d. Signature of Authorized Representative			e. Date Signed <b>9-9-03</b>

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/11/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Community First Coalition		Organizational Unit:	
Address (give city, county, State, and zip code): 1100 Brussels St. San Francisco, Ca. 94134		Name and telephone number of person to be contacted on matters involving this application (give area code) 415.468-8964	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 31-1823809		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) TAG Hunters Point HPSY	
		9. NAME OF FEDERAL AGENCY: EPA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-806 TITLE: Technical Assistance Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: EPA Technical Assistance Grant Hunters Point Ship Yard	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco, S.F., CA			
13. PROPOSED PROJECT EPA TAG HPSY		14. CONGRESSIONAL DISTRICTS OF: District 8 Nancy Pelosi	
Start Date 10/03	Ending Date 10/04	a. Applicant Community First Coalition	
15. ESTIMATED FUNDING:		b. Project Technical Assistance Grant HPSY	
a. Federal	\$ 50,000 <sup>00</sup>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 22,500 <sup>00</sup>	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/11/03	
c. State	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 72,500 <sup>00</sup>		
a. Type Name of Authorized Representative Maurice Campbell		b. Title Chair	c. Telephone Number 415.468-8964
d. Signature of Authorized Representative <i>Maurice Campbell</i>		e. Date Signed 9-11-03	

APPLICATION FOR  
FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction  
☒ Non-Construction☐ Construction  
☒ Non-Construction2. DATE SUBMITTED  
June 13, 2002

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit: Department of Health Services

Address (give city, county, state, and zip code) 601 North 7th Street, MS 92  
P.O. Box 942732  
Sacramento, CA 94234-7320Name and telephone number of the person to be contacted on matters involving this application  
(give area code) Gary D. Hoffmann, P.E.  
(916) 322-6264

## 6. EMPLOYER IDENTIFICATION (ENR)

9 4 - 6001347

## 8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐

A. Increase Award B. Decrease Award

C. Increase Duration D. Decrease Duration

Other Specify:

RECEIVED  
SEP 10 2003  
STATE CLEARING HOUSETYPE OF APPLICANT: (enter appropriate letter here) ☒ A

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School District

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify)

## 10. CATALOG OF FEDERAL

DOMESTIC ASSISTANCE NUMBER: 6, 6, 4, 3, 2

TITLE: PWSS

9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT

California Drinking Water Regulatory Program. This grant is provided to augment the State's regulatory program of public water systems.

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

## 13. PROPOSED PROJECT:

Start Date

10/1/02

End Date

9/30/03

## 14. CONGRESSIONAL DISTRICT OF:

a. Applicant:

1-45

b. Project:

Statewide

## 15. Estimated Funding:

a. Federal

\$ 5,770,600 \$ 5,811,400

b. Applicant

\$

c. State

\$ 13,557,493

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$ 19,368,893

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE

b. NO.

☐ PROGRAM IS NOT COVERED BY E.O. 12372☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative: David Sordoles, M.P.H.

b. Title: Chief Deputy Director  
Department of Health Servicesc. Telephone Number  
(916) 657-1425

d. Signature of Authorized Representative

e. Date Signed

7/14/02

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 5, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY 08 SEP 2003		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Eastern Plumas Hospital Foundation, Inc.		Organizational Unit:	
Address (give city, county, State, and zip code): 500 First Avenue Portola, CA 96122		Name and telephone number of person to be contacted on matters involving this application (give area code) Mitch Selking 530-832-9792	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3520374		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> n A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) non-profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Guaranteed Community Facilities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: construct retail space for non-profit hospital auxiliary facility and office space for Eastern Plumas Health Care's (hospital) dental clinic and home health services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County - Plumas		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: John Doolittle		15. ESTIMATED FUNDING:	
Start Date 10/15/03	Ending Date 10/15/04	a. Applicant District 4	b. Project District 4
a. Federal \$ .00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant \$ 24,059		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State \$ .00		DATE	
d. Local \$ .00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other \$ 700,000 Plumas Bank		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income \$ .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 724,059		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mitch Selking		b. Title VP/Regional Loan Officer	
c. Telephone Number (530) 832-9792		d. Signature of Authorized Representative Mitch Selking	
e. Date Signed 09-05-03			



## Standard Form 424

APPLICATION FOR  
FEDERAL ASSISTANCE

RECEIVED	
OMB Approval No. 0348-0043	
SEP - 8 2003	
STATE CLEARING HOUSE	

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		Federal Identifier		STATE CLEARING HOUSE	
Legal Name: Antelope Valley Transit Authority			Organizational Unit:		
Address (give city, county, State, and zip code): 1031 West Ave. L-12 Lancaster, CA 93534			Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-726-2616 Ext. 209		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119			7. TYPE OF APPLICANT: (enter appropriate letter in box) [G] A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Formula 20-507 Grants (Urban Area Formula Program)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital assistance for the mid-life overhaul of 3 buses, purchase admin & maintenance equipment, construction of transit facility, preventive maintenance, and operating assistance.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California			13. PROPOSED PROJECT		
Start Date 4-1-03		Ending Date 12-31-04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25 b. Project 25	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 2,839,213.00			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE		
b. Applicant \$ .00			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State \$ .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local \$ 1,071,463.00			<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
e. Other \$ .00			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
f. Program Income \$ .00			a. Type Name of Authorized Representative William Budlong		
g. TOTAL \$ 3,910,676.00			b. Title Executive Director		
			c. Telephone Number 661-726-2616 Ext 203		
			d. Signature of Authorized Representative William Budlong		
			e. Date Signed 9/8/03		

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>	
<b>Legal Name:</b> SUSTAINABLE CONSERVATION  <b>Address (give city, county, state, and zip code):</b> 121 2ND STREET, 6TH FLOOR SAN FRANCISCO, CA 94102	<b>Organizational Unit:</b>  Name and telephone number of person to be contacted on matters involving this application (give area code) ALLEN DESAULT 415-977-0380 X 303

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             94 - 3232437           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input type="checkbox"/> <div style="font-size: small;">             A. State                      H. Independent School Dist.              B. County                  I. State Controlled Institution of Higher Learning              C. Municipal               J. Private University              D. Township               K. Indian Tribe              E. Interstate               L. Individual              F. Intermunicipal       M. Profit Organization              G. Special District      N. Other (Specify) <u>Non profit 501(c)(3)</u> </div>
--	--

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b>  EPA
--	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             66 - 463           </div>  <b>TITLE:</b>  <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  Water Quality Cooperative Agreement
---	---

<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 10/1/02003    9/30/2005	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant                      b. Project
---	--

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:80%;">\$ <u>29,000</u></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ <u>29,000</u></td> </tr> </table>	a. Federal	\$ <u>29,000</u>	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ <u>29,000</u>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>9/5/03</u>  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ <u>29,000</u>														
b. Applicant	\$														
c. State	\$														
d. Local	\$														
e. Other	\$														
f. Program Income	\$														
g. TOTAL	\$ <u>29,000</u>														

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes                      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>		
<b>a. Type Name of Authorized Representative</b> Ashley Boren	<b>b. Title</b> Executive Director	<b>c. Telephone Number</b> 415-977-0380
<b>d. Signature of Authorized Representative</b> 	<b>e. Date Signed</b> <u>7/10/03</u>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

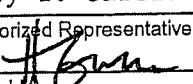
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>8-29-03</u>	Applicant Identifier <u>R.L. WALKER</u>
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <u>United Health Centers of the San Joaquin Valley Inc.</u>		Organizational Unit:	
Address (give city, county, state, and zip code): <u>628 Zediker Ave Parlier, CA 93648</u>		Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Dick Walker 559-646-6660 x2</u>	
6. EMPLOYER IDENTIFICATION (EIN): <u>94-2512284</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float:right"><u>N</u></span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u>	
		9. NAME OF FEDERAL AGENCY: <u>USDA - Rural Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-766</u> TITLE <u>Community Facilities Guarantee</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Construction of Health Clinic in Kerman, CA</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Kerman, Fresno, CA</u>		RECEIVED SEP 3 2003 STATE CLEARING HOUSE	
13. PROPOSED PROJECT Start Date <u>1/05</u> Ending Date <u>1/05</u>			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>19 - Radanovich</u>		b. Project <u>19 - Radanovich</u>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal <u>CF Low</u>	\$ <u>794,100</u> .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <u>NO Preapplication</u> DATE _____	
b. Applicant	\$ <u>718,500.00</u> .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ _____ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ _____ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other <u>REAC GUARANTEED LOAN</u>	\$ <u>2,273,490</u> .00	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
f. Program Income	\$ _____ .00		
g. Total	\$ <u>3,786,090</u> .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>Robert Harless</u>		b. Title <u>Chief Executive Officer</u>	c. Telephone Number <u>559-646-6668</u>
d. Signature of Authorized Representative <u>Robert Harless</u>		e. Date Signed <u>Aug 25, 2003</u>	

RECEIVED

SEP 2 2003

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/27/2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Rialto			Organizational Unit: Redevelopment Agency		
Address (give city, county, State, and zip code): 150 South Palm Avenue Rialto, CA 92376			Name and telephone number of person to be contacted on matters involving this application (give area code) Robb R. Steel (909) 879-1140		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000768			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce - EDA					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302 TITLE: Section 203-Planning & Admin. Expenses			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rialto Airport Asset Strategy		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Rialto and County of San Bernardino					
13. PROPOSED PROJECT Airport Strategy		14. CONGRESSIONAL DISTRICTS OF: Joe Baca, 43rd Congressional District			
Start Date 12/1/03	Ending Date 10/30/04	a. Applicant City of Rialto, California		b. Project Rialto Airport Asset Strategy	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 100,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/27/2003			
b. Applicant	\$ 150,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ .00				
f. Program Income	\$ .00				
g. TOTAL	\$ 250,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Henry T. Garcia		b. Title City Administrator		c. Telephone Number (909) 820-2528	
d. Signature of Authorized Representative 		e. Date Signed 8/27/03			

APPLICATION FOR  
FEDERAL ASSISTANCE2. DATE SUBMITTED  
8/29/03Applicant Identifier  
CSD 2004-0486

## 1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

## 3. DATE RECEIVED BY STATE

State Applicant Identifier

## 4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST ACRONYM(S)

Legal Name:

The Regents of the University of California  
University of California, San Diego

Organizational Unit:

University of California, San Diego School of Medicine

Address (give city, county, state, and zip code):

Division of Pediatric Infectious Disease, MC 0687  
9500 Gilman Drive  
La Jolla, CA 92093-0687

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)

PI: Victor Nizet, M.D. (858) 534-7408

ADMIN. CONTACT: Candace McIvor, (858) 534-7170

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 — 6 0 0 6 1 4 4

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

- A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify) Non-Profit Educational Institution

## 9. NAME OF FEDERAL AGENCY:

National Marine Fisheries Service, NOAA

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

1 1 . 4 2 7

TITLE: Fisheries Development and Utilization Research and  
Development Grants and Cooperative Agreements Program (also  
known as the Saltonstall-Kennedy (S-K) Grant Program)

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Elucidating *Streptococcus iniae* virulence mechanisms and  
development of a live-attenuated vaccine to protect fish in  
intensive aquaculture operations.

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SEP 2 2003

STATE CLEARING HOUSE

## 13. PROPOSED PROJECT:

Start Date

7/1/04

Ending Date

6/30/06

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
49<sup>th</sup> (California)

b. Project

(49<sup>th</sup> California)

## 15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	\$	261,364.00
b. Applicant	\$	43,096.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	304,460.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 8/28/03

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.a. Typed Name of Authorized Representative  
Pamela Alexander

b. Title: Contracts &amp; Grants Officer

c. Telephone number  
(858) 534-0240

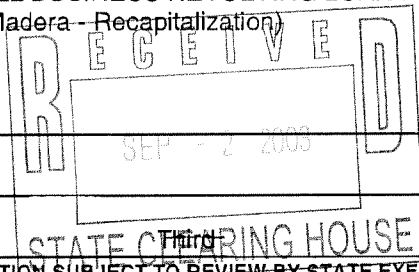
d. Signature of Authorized Representative

Pamela Alexander

e. Date Signed  
8/28/2003

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 20, 2003		Applicant Identifier COUNTY EDBG 03/04	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Madera County Economic Development Commission			Organizational Unit: business retention & expansion		
Address (give city, county, State, and zip code): 2425 W Cleveland, Ste. 101 Madera, CA 93637			Name and telephone number of person to be contacted on matters involving this application (give area code): Bobby Kahn (559) 675-7768		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 1 6 8 3 2 7 0			7. TYPE OF APPLICANT: (enter appropriate letter in box) B-N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) JPA		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: United States Department of Agriculture		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 4 — 2 4 6 TITLE: CDBG Economic Development Component			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CDBG SMALL BUSINESS REVOLVING LOAN FUND (County of Madera - Recapitalization)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Madera					
13. PROPOSED PROJECT					
Start Date 1/1/04		Ending Date 12/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant MADERA COUNTY EDC	
b. Project		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal		\$ 200,000 <sup>00</sup>			
b. Applicant		\$ <sup>00</sup>			
c. State		\$ <sup>00</sup>			
d. Local		\$ <sup>00</sup>			
e. Other		\$ <sup>00</sup>			
f. Program Income		\$ <sup>00</sup>			
g. TOTAL		\$ 200,000 <sup>00</sup>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative ROBERT KAHN, JR.		b. Title EXECUTIVE DIRECTOR		c. Telephone Number (559) 675-7768	
d. Signature of Authorized Representative				e. Date Signed	

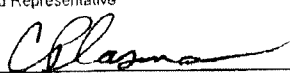
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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/28/03		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Regents of the University of California			Organizational Unit: Institute of Marine Sciences		
Address (give city, county, state, and zip code): University of California, Santa Cruz 1156 High Street Santa Cruz, California 95064 Santa Cruz County			Name and telephone number of the person to be contacted on matters involving this application: (give area code) Lynne Van Der Kamp (831) 459-1574		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 5 3 9 5 6 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> I A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: NOAA-NMFS Saltonstall-Kennedy		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 . 4 2 7 TITLE: Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Documenting Change in Fishing Communities: A Collaborative Social Science Approach		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Luis Obispo County, CA Larger West Coast			<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  SEP - 2 2003  <b>STATE CLEARING HOUSE</b> </div>		
13. PROPOSED PROJECT: Start Date: 8/1/04 Ending Date: 3/31/06					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 17th b. Project: _____					
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	201,477.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 9/2/03		
b. Applicant	\$	30,161.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00			
e. Other	\$	.00			
f. Program Income	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	231,638.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Cindy Plasman			b. Title Proposal Coordinator		c. Telephone number (831) 459-2520
d. Signature of Authorized Representative 			e. Date Signed 8/28/03		

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